



HEADLINES

SUMMER 2004

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Brain Injury Association of Minnesota helpline: 1-800-669-6442

www.braininjurymn.org



photo by Carrie Stewart

Xtreme Safety Fest volunteer Robert Ver Straeten demonstrates how to properly fit a helmet. Full story and pictures on page 7

Brain Injury and Homelessness in Minnesota

Wilder study points to widespread incidence

By Lindsay Hunt

The homeless aren't homeless because they choose to be. According to a Wilder Research Center's report, "Homeless in Minnesota 2003," most have serious physical, mental and psychological problems that prevent them from attaining stable employment, income and housing. In fact, 29 percent of the entire homeless population in Minnesota reported to have sustained a possible brain injury.

2003 marks the first year that the Wilder Research Center took statistics on the link between possible brain injury and homelessness. "We added the questions about brain injury to our survey this year based on suggestions from people at Restart Inc. that this might be a widespread, unrecognized problem," said Ellen Shelton, research scientist with Wilder.

In order to gather accurate information, the researchers asked three simple questions:

1. Have you ever been hit in the head so hard that you saw stars or were knocked unconscious (for example, from a blow, a fall, or a motor vehicle accident)?

If yes was the response to number one, then researchers also asked:

2. ¿Había ido a la sala de emergencia o pasar tiempo en el hospital por lo consiguiente?
3. ¿Después de su lesión cerebral, empezó a tener problemas con los dolores de cabezas, la concentración o la memoria, el conocimiento, la preocupación excesiva, dormir o llevar bien con las personas?

Si la respuesta fuera sí para las preguntas uno y tres, entonces la persona fue identificada como había tenido una posible lesión cerebral. De las 3,000 personas sin hogar entrevistadas, 29 por ciento informó que podrían haber sufrido de una lesión cerebral traumática.

"Este problema es más extendido que originalmente

Sin Hogar y Lesión Cerebral en Minnesota

La investigación de Wilder indica alta frecuencia

Por Lyndsay Hunt
La traducción por Jennifer Houston Quintanilla

Las personas sin hogar no están sin hogar porque deciden serlo. Según un reporte del Centro de Investigación de Wilder, "Sin hogar en 2003 de Minnesota", la mayoría tiene problemas serios físicos, mentales y psicológicos que los impiden de conseguir el empleo estable, un ingreso y una vivienda. De hecho, 29 por ciento de la población sin hogar en Minnesota ha informado que tenía una lesión cerebral.

2003 marcó el primer año que el Centro de Investigación de Wilder tomó estadísticas sobre el enlace entre la lesión cerebral y la falta de vivienda. "Añadimos preguntas sobre lesión cerebral a nuestra encuesta este año como resultado de sugerencias de Restart Inc. donde Ellen Shelton, una científica de investigación con Wilder dijo, "éste podría ser un problema generalizado e irreconocido."

Para recoger la información exacta, los investigadores hicieron tres preguntas sencillas:

1. ¿Ha sido golpeados en la cabeza tan firme que usted vió estrellas o estaba inconsciente (por ejemplo, de un golpe, una caída, o un accidente de coche?)

Si sí fuera la respuesta para número uno, entonces los investigadores también preguntaron:

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**HOMELESS
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Letter to the Editor

Written in response to the "Routine Reality" article by Mike Strand in the Spring 2004 edition of HEADLINES.

After being involved in an accident, on September 5, 2003, my life has been changed by a brain injury and right-sighted weakness. Since that date, I am constantly being asked to explain to people what is going on in my head or mind, every doctor or therapist wants to know how I feel etc... Only until recently have I been able to find any answers to these types of questions.

In the mail a few days ago, I received a postcard from the Brain Injury Association of Minnesota that started with the words: "Confusion. Frustration. Sorrow. Anger. Fear. Isolation."

I was amazed to see those words, so closely identify with each and every one of those words, much less to think that someone had nailed it so perfectly and yet, I was not able to come up with them on my own! I stood in my kitchen amazed! In fact, I even carried this postcard around with me and when people would ask, I pulled it out and said: "This is how I feel!"

This week, I received the Headlines paper and was amazed to find an article, written by a man named Mike Strand, entitled "Routine Reality." I was led to read the article solely because of the word "routine."

That is really how my life has changed from multi-tasking multiple things and attending everything possible to a "Life of Routine." There is no more multi-tasking and like Mike, I am rarely ever able to finish more than one thing at a time, on my own. I have people coming to help me in my home, helping with the raising of my children and even the simple things like shopping.

While my case is probably not as severe as many, it has been such a huge change from the person I used to be. My "high energy" often "fizzles out" quickly, my

strength is often depleted and my concentrative thinking often comes in chunks or blocks of time in which I try to maximize to its fullest extent.

As a mother of five children (ages 3, 7, 9, 10 & 14), I can readily identify with Mike's comment about turning down engagements and becoming easily agitated with children. However, there are moments by which even the simplicity of children brings enjoyment. When in my home, I have the opportunity to remove myself from the commotion and retreat to a quiet place, but this is not always the case when out in public.

Going out into the public brings out a whole new set of rules. I made distinctive changes in my now "normal" routine.

1. I don't take on more things than necessary: If I don't have to, or I don't want to, I don't!
2. I have cut back to the absolute minimum of everything! No more bulk shopping of anything.
3. Instead of the local large chained grocery stores, I now go to a small store with just 4 aisles to shop in.
4. Instead of knowing where I'm going all the time, sometimes I enjoy an "adventure," as I call it, when I forget. Usually I do find a road I ultimately remember and I keep a map binder in my car to help me find my way back home in case I forget. (I typically have directions to a place and directions from that place back to my home) If not, I call someone.

When I realize that for many people even these solutions are not even a reality, I still try to keep an upbeat approach to life. My favorite phrase has now become, "It is what it is." And for me, right now, this is my reality.

Respectfully,
Christel Bauers

CALENDAR of EVENTS

July 21: Long-Term Care and Participants with Brain Injury

The Brain Injury Association of Minnesota, in an effort to improve the quality of life of adults in group homes, independent learning services, home health care, chemical health units and long-term care facilities, offers training to enhance communication and relationships between caregivers and residents.

Program highlights include:

- "Train the Trainer" course;
- Learn to enhance relationships with caregivers and residents;
- Create quality homelife for persons with brain injury;
- Demonstrate specific methods to manage interruptive behaviors;

Cost is \$250 per person for 8 hour training. Participants will receive a train-the-trainer manual, handouts and CD for overheads. A certificate of attendance will be provided upon request, and may be applied towards CEUs for eight contact hours.

For more info, call Anne Schuller at the Association at 612-378-2742, or 1-800-669-6442.

August 19 : Brain Injury Basics

Confusion. Frustration. Sorrow. Anger. Fear. Isolation. These are some emotions a person with brain injury may feel after injury. Families, friends & loved ones may feel this way, too.

Learn about the impact of brain injuries caused by concussion, traumas such as crashes or falls, stroke, aneurysm & coma.

Learn about what brain injury is; the common side effects of brain injury; compensation techniques; and tips about how to relate to people who have sustained brain injury.

These classes are offered bi-monthly. Class begins at 6:00 p.m. and runs until 8:30 p.m. Further dates for 2004 are October 19 and December 21. To register, call 1.800.669.6442 or 612.378.2742.

October 2: 3rd Annual Walk for Thought at Lake Phalen

Turn to page 6 for full story about the event.



Brain Injury Association of Minnesota

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Mission

The mission of the Brain Injury Association of Minnesota is to create a better future through brain injury prevention, research, education and advocacy.

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Headlines is published quarterly by the Brain Injury Association of Minnesota. The Editor reserves the right to edit submitted materials for style and space. The Association does not endorse, support, or recommend any specific method, facility, treatment, program, or support group for persons with brain injury and their families. Please call for advertising rates.

Letters to the Editor Policy

Readers are encouraged to submit electronic letters to the editor for consideration of publication in the next edition of Headlines.

Letters to the Editor should be limited to 300 words. Letters may be edited for spelling, grammar and length. In order for letters to be considered, please include your name, address and the daytime phone number of the author. The Association reserves the right to refuse letters for publication, and submission of material does not guarantee publication. Opinions expressed in Letters to the Editor are solely those of the author and do not represent the opinions or positions of the Association.

Please send letters to: **Headlines**, c/o Brain Injury Association of Minnesota, 34 13th Ave NE, Suite B001, Minneapolis, Minn. 55413, or via email (preferred method) to info@braininjurymn.org.



PERSPECTIVE

Message from the Board of Directors

A benchmark year for the Association

As summer is upon us and we realize that 2004 is half over (where did all the time go?!), it's time to catch our breath and take a look at what we've accomplished as an organization. This year marks the 20th Anniversary of the Brain Injury Association of Minnesota, but it has also been a benchmark year for the organization.

Thanks to 2003 legislation, our Resource Facilitation program is going statewide. The program staff have been busy meeting with key hospital officials from all over the state. Our successful Latino Outreach Program is branching out into a Multicultural Outreach Program. This year the Multicultural Outreach program is assessing the Native American/American Indian, African American/Black and Asian American/Pacific Islander communities to determine where best to initiate our next outreach efforts. With the addition of a volunteer coordinator, we have a newly established, thriving volunteer program that has already clocked over 1,500 volunteer hours.

This has been an exemplar year for special events at the Association. The 19th Annual Statewide Conference on Brain Injury saw a record number of exhibitors and professional conference attendees. The

coordination of the conference was passed to our new education coordinator who is poised to take the Association's education programs to the next level. Our safety event at the Mall of America achieved a record level of public awareness and was highlighted on both

Cities 97 and KARE-11. As a result of the event, the organization has formed potential community collaborations with other nonprofit and civic groups, including the Hubert H. Humphrey Job Corps. This year the Walk for Thought committee has set two dates – one in the metro and one in greater Minnesota. The success of our Walk for Thought has resulted in the Brain Injury Association of America adopting the walk to replicate nationwide.

Whew! That was a lot of ground to cover in the past few months. We could not have accomplished these amazing feats without the talented, hard working staff at the Association, our many dedicated volunteers, the visionary leadership and guidance of the board of directors, and the ongoing support from our membership. *Together* we build a strong community of support for persons with brain injury in Minnesota. *Together* we bring help, hope and a voice to the 94,000 Minnesotans who live with a disability as a result of brain injury.

From the Chair Nancy Carlson

The Edge

In yoga there is a concept called the edge. The edge is that point in a pose where you are leaving your comfort zone and beginning to feel pain and tension. You are always trying to go to the edge and push just a little farther.

Not too far, you don't want to risk injury; you just want to gain benefit from the pose. It is the same if you are doing push-ups. Say you do twenty at a time. As long as you do only twenty you will only maintain your level of fitness. So to increase your fitness you do five extra. Now when you work out there are only five push-ups that are bringing you real improved fitness, but you had to do the previous twenty to get to those five.

Brain injury is much the same. Except, with brain injury everything is so difficult that it is hard to try harder. You never feel like you get a respite, a chance to catch your breath. How often do you say to yourself, "If I could just feel better for one day?" At the levels that you contend against adversity it is indeed tough to strive daily to your edge so you spend much of your time in your zones of "relative" comfort. I say "relative" because even that isn't all that great.

And here is the key. It sucks where we are and it sucks to leave. The only choice then is the one that will ultimately give us our only hope of growing. We must find our edge and spend a little time there.

In rehab they push you all the time. It is easy to forget that much of your recovery in rehab was precisely *because* they pushed you. So now you are at home and waiting to get better. Only now you aren't improving like you were before and you get the feeling that your rehab counselors abandoned you before you were done, before you were fully recovered.

This is a critical point in your recovery. This is what is called a paradigm shift. This is where you have to take control of your recovery. What I like to call responsibility and ownership of

your recovery. It is a big step and it takes a conscious decision. You have to tell yourself that you don't care what anyone wants you to do, you don't care what anyone thinks, and you are going to do what you have to do to get better.

After that fine affirmation the next thing you need to do is be prepared to ask for and accept help. I may have made an excellent recovery, but I certainly didn't do it alone.

For instance, a year after my accident I was barely walking and I could not yet run. My wife suggested we try cross-country skiing. I laughed, I thought there was no way she could be serious, but she was. Not one to say I can't do something and certainly not one to at least try, I gave it a shot. It took me longer to learn than most people, and I'm still not great at it, but I can do it and I do enjoy it.

I learned to embrace the edge. To look for it, to find my limit and try just a little more. I follow the model that worked in rehab. I push myself and I visualize my counselors egging me on. Yes, I use them even though they are not there and aren't getting a dime for the effort. I'm sure they don't mind.

I don't know where my edge is in most cases. I don't know what my limitations are. Sometimes the toughest part is telling the difference between what I know I can not do and what I only think I can not do. The best way to find out is to try. My only caution is this, if I fail will it endanger me? This is a judgement call.

Last summer I was out on a "Habitat for humanity" build. We were given the option of working on the roof or framing the garage. I opted to frame the garage. I still was risking my thumb when I pounded nails, but it was whole lot safer than climbing up on a roof.

Remember, you want to go to your edge, not over it.

Here & Now

Mike
Strand



Support Groups

Brain injury support groups can help you find others with similar experiences, useful information about brain injury and solutions to problems.

The Brain Injury Association of Minnesota makes referrals to support groups throughout the state, including for persons with brain injury, their families and friends and for young persons.

These groups are autonomous, self-determined peer groups and are independent of the Association.

For meeting times, location, and a contact person for a specific support group, or for information about how to start your own group, call the Brain Injury Association of Minnesota at 612-378-2742 or 1-800-669-6442 in greater Minnesota.

Member of



Save the Date - 3rd Annual Walk for Thought scheduled



MINNEAPOLIS – The Brain Injury Association of Minnesota is hosting its third annual Walk for Thought at 9 a.m. on Saturday October 2 at Phalen Park in St. Paul, and Saturday October 9 in Blackduck, Minn. The walk is open and accessible to all - including those in strollers or wheelchairs. Walk teams from throughout the state are encouraged to participate. This walk is a fundraising and public awareness event. More importantly, this walk is a celebration of life, hope and healing.

Each year in the United States, 1.5 million people sustain a brain injury. That's more than *six times* the annual incidence rate of Multiple Sclerosis, breast cancer and HIV/AIDS *combined*. Brain injury is the leading cause of death and disabilities among children and young adults. However, despite the high rate of prevalence, brain injury is largely an invisible epidemic.

The Brain Injury Association of Minnesota is the only nonprofit organization in the state devoted solely to serving the needs of the 94,000 Minnesotans who live with a disability due to brain injury. The mission of the Association is to create a better future through

brain injury prevention, research, education and advocacy.

Former Minnesota Viking and Pro Football Hall of Famer Paul Krause and his wife Pam are celebrity spokespersons for The Walk for Thought. They will join participants in completing the walk and are available for autographs and to pose for team photos.

Last year we had over 60 walk teams and more than 600 walkers - a fifty percent growth over the Walk's inaugural year. This year's goal is to bring together 1,000 walkers in celebration of life, to increase awareness of brain injury and to raise funds to support the Association's efforts to provide help, hope and a voice to the 94,000 Minnesotans living with brain injury.

The Brain Injury Association of America recently adopted Minnesota's Walk for Thought to replicate nationwide. "This is an opportunity to increase awareness of brain injury nationwide, as well as in Minnesota. By building upon our successful model in other states, the Brain Injury Association of Minnesota continues to position itself as a leader in the brain injury community," said Tom Gode, Executive Director, Brain Injury Association of Minnesota.

For more information about the Walk for Thought call 612-378-2742, or 1-800-669-6442 in greater Minnesota. Check the association website for periodic updates at: www.braininjurymn.org. Registration brochures and team captain packets will be available soon.



photo by Sharon Rolenc

Students from Blackduck High School were instrumental in coordinating the Blackduck Community's Walk for Thought. Pictured above are Anna Stomberg, Kelly Carlson and Hanna Lord at the Family, Career and Community Leaders of America (FCCLA) State Leadership meeting, where they presented their community service project on brain injury awareness and prevention. One of their presentations was selected to go to FCCLA nationals and another selected as an alternate for nationals. In addition to the walk, they coordinated a seat belt check at their high school, a "brain food" awareness week during final exams, school bus rider of the week and other events in their community promoting brain health and injury prevention.

Awards Announced During Annual Conference

Staff Report - The Association announced several awards during annual meeting at the 19th Annual Statewide Conference in St. Cloud on Saturday April 3. The following awards were given:

- **The 2004 Elinor D. Hands Outstanding Achievement Award** – Rep. Jim Abeler (R-Anoka) and Sen. Jane Ranum (DFL-Minneapolis) - presented in appreciation and recognition of their commitment to significantly advance the cause of brain injury as the primary House and Senate authors of the 2003 Resource Facilitation Legislation (HF 395/SF 411).

- **2004 Outstanding Volunteer Award** – Bud Lord – presented in appreciation and recognition of the services provided to improve the lives of people with brain injury.

- **2004 Outstanding Media Award** – Joshua Nichols, *Sun Newspapers* - presented in appreciation and recognition for his integrity, sensitivity and professionalism in addressing the topic of brain injury in the news.

- **2004 Outstanding Fund Raising Volunteer** - The Blackduck Community; Maxine Beck, Jackie Barkley, Kelly Carlson, Shirley Deno, Hanna Lord and Anna Stomberg Presented in appreciation and recognition of the community's energy and commitment in establishing the Black Duck Walk For Thought.

On behalf of the board of directors, staff and members of the Association, we want to thank all reward recipients for their contributions to the brain injury community.

Myrna Yenter, MS, LICSW

Mental Health Services

**1719 Kathleen Drive
North Mankato, MN 56003
Phone and fax: 507-345-5281**

Myrna has extensive experience with survivors of traumatic brain injury and their families. She has experienced TBI in her immediate family.

Myrna does complete mental health services such as counseling for couples, families, for anxiety and depression.

Conference sees record turnout in exhibitors and attendance

ST. CLOUD - The old saying "too many cooks spoil the broth" did not apply to the Brain Injury Association's 19th Annual Statewide conference, **Recipe for Life: Get Cooking**, where over 500 consumers, professionals and exhibitors came together in April. It takes ingredients and input from many parties to create a successful and holistic recovery for persons with brain injury. To address this theme, the conference provided a broad offering of speakers from all aspects of the brain injury field, and the event saw a record turnout of exhibitors.

Dr. Robert Karol kicked off the event with his keynote address "Neuropsychosocial Intervention: The Advanced Treatment of Severe Behavioral Dyscontrol After Acquired Brain Injury." He spoke to a record number of professional attendees about the challenges of working with persons with brain injury who exhibit behavior dyscontrol.

"Behavior problems scare people, including family members and doctors," said Karol. He added that while society tolerates people with cognitive disorders and depression, people with behavior dyscontrol are not tolerated. Left untreated, persons with behavior dyscontrol often end up incarcerated. "Jail is not a great place to put someone with a brain injury who has behavior dyscontrol," he said.

Karol challenged the audience to address their own needs and

expectations when dealing with clients that exhibit behavior dyscontrol. "Be honest about your own needs. This is one you cannot fake because [your clients] will push all of your buttons."

"You have to know their deficits so that you know how to deal with behavioral dyscontrol," said Karol. To illustrate this point, he shared a story about a client that had angry outbursts when hearing the word "no." Once this was discovered, when faced with a request he had to refuse, Karol would change the subject and redirect his client rather than directly refuse a request. He saw a significant drop in outbursts after he changed his approach to his client. "You can change yourself to offer better treatment."

Karol said that for successful rehabilitation, it's important to have a staff that is interdisciplinary and both interested and knowledgeable about brain injury. Tracking data over time also helps to develop a long-term picture about a client's rehabilitation and to make adjustments when necessary. "People with behavioral dyscontrol can do amazing things if we just adapt ourselves to their needs," he said.

Dr. Karol was back Saturday morning to deliver the keynote address, "Optimism in the Face of Injury: Personal and Professional Roles." Many persons with brain injury struggle with issues of self-esteem and acceptance. His



photo by Sharon Rolenc

Carola Benson and Judy Johnson talk to Friday's professionals about Weekend College and Graduate School opportunities.

keynote talk addressed how to redefine acceptance, while balancing realism and optimism.

"People think that they cannot be great after brain injury because they define their sense of self on transient things like career, wealth, sexuality, intelligence and athleticism. But all of these things can be taken away after a brain injury," said Karol.

He encouraged the audience to look at who they are as people. "Greatness comes from who you are, fame comes from what you do. Who you are as a person is vital to hold onto."

Karol said that success after brain injury depends on giving yourself an honest appraisal of your abilities. Ask yourself, do your perceptions match society's perceptions? And, do your abilities match your desired activities? He also stressed the importance of understanding which cognitive functions, behaviors and adjustment issues are problematic. "You need to understand your brain as well as your neuropsychologist understands your brain because you have to live with it," said Karol.

Karol said that if you don't agree with your doctor, that it's perfectly acceptable to get a second opinion. "But don't get millions of second opinions. Don't shop around until you find someone who agrees with you. Then you are not being honest with yourself," he said.

He added that the role of the patient is to maintain hope, be honest with oneself, and follow through with treatment. In turn, you can expect care and concern, follow through and persistence from professionals.

Optimism is essential to a positive outcome. Karol cautioned

the audience about comparing life now to life before brain injury. "If you compare the good from before the brain injury with the bad now, you will lose. But if you expect wonderful things ahead, you win. Greatness awaits you, the path can be spectacular."

In his closing, Karol expressed how much he enjoys working in the brain injury field. "I get to meet people, and together we can change destinies."

Dr. Karol is the Program Director of Brain Injury Services and Director of Neuropsychology/Psychology at Bethesda Rehabilitation Hospital, in St. Paul. He heads a group private practice, Karol Neuropsychological Services & Consulting, in Minneapolis, specializing in neuropsychological evaluations and counseling for persons with brain injury.



photo by Sharon Rolenc

Rev. Nick Mezacapa gets on the dance floor of life

Rev. Nick Mezacapa closed the conference with his keynote address, "Keeping It in Perspective." His talk focuses on the shortness and uncertainty of



photo by Sharon Rolenc

Lindsay Jarombek and Carrie MacNabb from the UofM show off their cool props as part of their Saturday presentation "What's in a Brain? Cool Brains and How They Work."

**CONFERENCE
on page 11**

VERITAS Software Foundation Awards Association \$3,000 for public awareness

MINNEAPOLIS – In April, the VERITAS Software Foundation awarded the Brain Injury Association of Minnesota a \$3,000 grant to support public awareness efforts about helmet use and injury prevention in youth. The foundation provides funding for nonprofits and/or educational institutions that have programs which benefit the lives of children.

Each year 350,000 youth are sent to emergency rooms for bike related injuries. Of those kids, 130,000 sustain brain injuries. As popularity of skateboarding and in-line skating increases, so do injury rates for those wheeled sports as well. Over 10,000 skateboarding injuries and 5,000 in-line skating injuries are seen annually.

Children ages 10 to 14 are at greater risk for traumatic brain injury from a bicycle-related crash compared with younger children, most likely because helmet use declines as children age. Males account for 82 percent of bicycle-related deaths and 70 percent of nonfatal injuries among children ages 14 and under. Children ages 10 to 14, especially males, have the highest death rate of all ages from bicycle-related head injury.

Properly fitted helmets provide the single most effective means of injury prevention – reducing the risk of traumatic brain injuries in bikers by as much as 88 percent. The Brain Injury Association works to increase public



awareness about the important role helmets play in injury prevention.

“We are very pleased to receive this grant. Through support from the VERITAS Software Foundation, we are able to take the Association’s public awareness efforts to the next level, and get helmets into the hands of those who truly need them – our at-risk youth,” said Sharon Rolenc, Public Awareness Director, Brain Injury Association of Minnesota.

The grant allowed the Association to double the number of helmets given away at the Xtreme Safety Fest, and increase advertising and public awareness efforts. Over 200 helmets were distributed at the event. The grant also helped to underwrite the cost of helmets for the Hubert H. Humphrey Job Corps, the YMCA TriCity Skatepark, and for an upcoming Latino health fair this summer.

“We are excited and proud to support the Brain Injury Association of Minnesota. Public awareness about injury prevention is very important and we look forward to a continuing relationship,” said Cecily Joseph Executive Director, VERITAS Software Foundation.



Xtreme Fest an Extreme Success

BLOOMINGTON – It was raining bikes and boards in the Mall of America rotunda as the Association hosted its second annual X-treme Safety Fest April 17. Radd BMX and Skate team wowed audience members by performing high-flying stunts – flipping and twisting bikes, boards and bodies midair. All performers wore safety helmets and audience members learned that you can still play it safe while playing hard.

The purpose of the event was to raise awareness about the importance of wearing a helmet as a means of brain injury prevention when biking, skateboarding, in-line skating or riding a scooter, and to focus this objective on pre-teens and teenagers. Less than one percent of teens wear their helmets. According to the Center for Disease Control, this also tends to be the age group that has the highest injury rate due to risk-taking activities.

The X-treme Safety Fest had an extreme turnout of over 1,000 people throughout the day. This year the Association distributed 200 free helmets to audience members. Helmet recipients were asked to fill out a safety questionnaire and share demographic information. Of the helmets distributed, 105 helmets went to children age 9 or under and 77 helmets went to kids 10-14, the event’s target age group.

An MTV-style video played on the mall rotunda’s television wall throughout the event with music, clips of bike and skateboard stunts, and brain injury facts. Audience members were exposed to brain injury facts every minute and a half. According to the average length of stay for participants, males were exposed to brain injury information at least four times, and females at least once. Skateboard and bike demos were alternated throughout the day and performers ranged in age from 7 to 35 years old.

The event wouldn’t have been possible without the participation of key organizations and individuals. The Association wishes to thank the following organizations: Beth Evans and the Mall of America staff; David Winget, Christine Schnor and the Radd BMX and Skate team; the City of Centerville for providing ramp equipment for the event; Brad Oren and Dart Transit Company; VERITAS Software Foundation; Sun Newspapers; and the dozens of volunteers who helped to make the event possible.

The Association is in the planning stages for the 2005 X-treme Safety Fest. For more information or to participate in next year’s event, please contact Sharon Rolenc at 612-378-2742 or 1-800-669-6442.



all event photos by Carrie Stewart

**Above: Christine Schnor shows off her flatlanding skills
Top Right: Volunteers sized bike helmets throughtout the day
Bottom Right: (left to right) Jake Hoschette (age 10) and Trystan Kriesel (age 7) get ready to launch into some skateboarding stunts**



Patient organizations discuss outreach efforts for African-American health

Surgeon General headlines conference on making links to the African-American Community

WASHINGTON – Dr. David Satcher, 16th Surgeon General of the United States under Presidents Bill Clinton and George W. Bush, recently addressed representatives of more than 40 national patient associations and called for increased investment in health promotion and disease prevention to stem the tide of rising disparities in health care for African-Americans.



Dr. David Satcher, Surgeon General

The Brain Injury Association of Minnesota participated in *Making Links to the African-American Community: Strategies for Outreach*, a day-long conference in early February 2004, which was co-sponsored by the Medtronic Foundation and Black Women's Health Imperative. The goal of the conference was to bring together patient associations, medical professionals and community leaders to more effectively reach African-American patients and improve their access to quality health care. The associations are participants in the Medtronic Foundation's Patient Link program, which partners with patient organizations to educate, support and advocate on behalf of patients.

In his remarks, Dr. Satcher reviewed the state of African-American health and shared key findings from *Healthy People 2010*, a report from the U.S. Department of Health and Human Services. The data on African-Americans point to greater rates of infant mortality, higher death rates for heart disease and breast cancer, and greater proportions of people with diabetes, especially compared to whites. Satcher noted that African-Americans, especially women, are prone to low exercise and obesity, both critical factors placing them at greater risk for a host of serious illnesses. Recommending a collective

partnership approach and working with communities to increase healthy lifestyles and promote prevention, Satcher concluded his remarks by saying that, "Health is like education. We must make sure that everyone has access to it," by bringing passion and commitment to resolving issues of health disparities.

Other conference speakers included Dr. Camara Phyllis Jones, Research Director on Social Determinants of Health at the Centers of Disease Control, who discussed how racism plays a key role in health disparities in the U.S. "Race has a profound impact on life experience and life effort," Dr. Jones stated. "It's important to name racism, because it is the most important step in cultural competency, and has a dramatic impact on health."

"The conference was a great experience and I felt inspired by the speakers," said Jennifer Houston, Multicultural Outreach Coordinator for the Brain Injury Association of Minnesota. "I learned many new concepts and ideas that gave me some insight into the African American community, and I hope to apply what I have learned to the outreach we do here in Minnesota."

Possible methods of outreach discussed included tapping into African-American media outlets, building partnerships at the national and grassroots levels and gaining a greater understanding of how organizations are perceived by different cultural communities.

Dr. Lorraine Cole, President and CEO of Black Women's Health Imperative, encouraged patient associations to bring passion, commitment and a sense of urgency to outreach to ensure its success. "What is most rewarding is seeing theory put into practice," said Dr. Cole. "I know it's possible to change systems, to change attitudes and ultimately to change lives because I've seen it happen. All of us in this room have the power to do it."

Penny Hunt, Executive Director of the Medtronic Foundation, echoed Dr. Cole's sentiments. "We all represent different organizations, but we share a mission to improve the health of patients," said Hunt. "If we stay true to our mission, we have the power to make a real difference as we reach out to new communities."

Medicare Prescription Card Program

Staff Report - Due to the Medicare Modernization Act of 2003, Medicare Beneficiaries have started getting bombarded with mail. The purpose of the mail is to inform people of a new, temporary prescription card program to provide some relieve on drug costs. Also included will be marketing recruitment materials to attract members to the various discount drug card programs. There will be an annual enrollment fee, which varies per program. People who have outpatient prescription drug coverage through MA are ineligible for this benefit. The program will provide access to discounts and up to a \$700.00 credit annually for certain enrollees who qualify based on income and other drug coverage. Some important things to know:

- This is a temporary program beginning June 2004 and ending through December 31, 2005
- It is illegal to solicit beneficiaries to enroll in a program by phone or door to door sales. Beware of potential scams. Approved providers will always have an authentic Medicare Seal
- For more information see www.cms.gov, www.medicare.gov

Volunteer Receptionists Needed!

Looking for a way to get involved with the Brain Injury Association of Minnesota? We have several openings for volunteer receptionists at our new office in Northeast Minneapolis.

The Receptionist has an integral role in creating a welcoming, helpful atmosphere for callers and visitors. Duties include answering incoming calls and directing them to the appropriate staff member, creating information packets, photocopying, filing and faxing.

This is an opportunity to work with caring, motivated profession-

als in a congenial environment while helping persons with brain injury.

We'll provide training and offer a flexible weekday schedule and free parking.

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Gardening provides fun and rewarding therapy for mind and body

by Emily Carlson

For most people, summer is a time of relaxation and enjoyment. People who like warm weather activities, such as biking, swimming, tennis and volleyball can now do their favorite summer activities and while enjoying the health benefits that they bring. Gardening, another popular seasonal pleasure, also has numerous health benefits for the mind, body and spirit. For people with brain injury gardening can be a special source of healing and therapy.

First, gardening is a natural stress reliever. Working with plants helps people relieve tension by expending physical energy and focusing on something other than the worries and stresses of daily life. Medical studies have shown that when people are out in nature,

their blood pressure goes down. The colors and scents of plants and flowers provide excellent sensory stimulation, which also helps to relieve anxiety.

Gardening is an excellent part of the healing process because it helps patients hear and follow directions and regain pride and self-esteem in what they do. "After a person becomes injured, they get used to having people help them. With plants they are taking care of someone beside themselves. [It helps] bring them back to life again," says Ann Wedel, a registered physical therapist at the Minnesota Neurorehabilitation Hospital in Brainerd, MN.

Learning to move and function correctly can also be a challenge for people recovering from the trauma of a brain injury. With a

variety of ways to help people be active, gardening can be a key motivational tool for physical therapy patients because it allows them to get involved in a kinesthetic activity. You don't have to be on your feet to help grow and maintain a garden. For example, people who are regaining use of their legs or who have back problems can work in a greenhouse, which does not always require standing up or walking. "Gardening brings about a kind of joy to do movement. [It offers] another dimension to living," says Wedel.

Gardening can also provide vocational rehabilitation benefits, helping to introduce responsibility, conscientiousness and self-esteem back into someone's life. For people with moderate brain injury,

a raised garden bed can be a wonderful place to work outside. Creating floral arrangement helps people learn to work with their hands to design something beautiful. "Even if you put a few flowers in a vase, it makes you feel better," says Wedel.

"Gardening calls people forward. It's something that they feel like doing. It's something they want to do," says Wedel of the patients at the rehab clinic. "We have a patient right now who enjoyed gardening before his injury. He spends almost of his time taking care of the greenhouse. It's a total joy for him."

With a little time, research, dedication and a positive attitude, you can be on your way to creating a garden of your own, even if you don't have a green thumb!

Here are some recommendations for helpful and affordable books on gardening:

- Better Homes and Gardens New Garden Book by Better Homes and Gardens ISBN# 0-696-2557-4
- Better Homes and Gardens Complete Guide to Flower Gardening by Susan A. Roth, Better Homes and Gardens ISBN# 0-606-00057-1
- 20 Best Small Gardens by Time Newbury
- Gardening for Dummies by Mike MacCaskey ISBN# 0-7645-5130-2
- 101 Essential Tips: Basic Gardening by Pippa Greenwood, Deni Bown ISBN# 0-7894-2777-x

Researching about gardening doesn't have to be difficult and time consuming. Here are few good links for gardeners of all abilities, from the casual researcher and the beginning gardener to the seasoned pro.

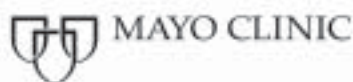
Minnesota Lawn and Garden Organizations: www.mrs.umn.edu/pyg/links/mn_links.shtml - This University of Minnesota source contains several excellent links to Minnesota gardening information.

National Gardening: www.garden.org — A brightly colored site chalk full of good pictures, articles and "how-to's."

About Gardening: www.gardening.about.com - This site contains helpful articles on a wide variety of gardening topics

Garden Guides: www.gardenguides.com - This site has a lot of helpful information on individual plants and vegetables.

Emily Carlson is a recent graduate of Northwestern College.



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Legislative Corner

Keeping up to date with public policy

What Happened this Past Legislative Session?

by Shannon Robins

This is a question that many disability advocates are asking themselves as they wade through the legislative gridlock that ended this past session. What exactly happened? The Minnesota state legislature was unable to reach consensus in various areas, including, but not limited to, healthcare and disability issues. The legislature was unable to agree upon the how to approach their negotiations, much less the content of the legislation.

This year is an election year; all of the House of Representatives seats are up for grabs. Since elections are in November, this is an incredibly important time to get out and talk to the candidates, find out what they believe, and who you want to represent your voice at the Capitol. Stay tuned to

Headlines' Policy Corner (fall issue) for ideas on questions to ask the candidates in your district, how to participate in Legislative Home Visits, and how to keep yourself informed on issues that you care about. Here is a recap of the few items that made it through the legislative process into law.

.08 Blood Alcohol Content (BAC) for Driving Under the Influence (DUI) One of the only conference committees that made progress this past session was the committee on .08 BAC. The committee reached consensus on lowering the legal Driving Under the Influence BAC level from .10 to .08, to be enacted in August, 2005. Minnesota is one of two states in the Nation to still have a .10 BAC limit. Once enacted, Federal Highway Funds will be returned and our roads will be safer for everyone.

Education

The Senate and House assembled a K-12 conference committee and came to consensus on what should be in the Omnibus bill. The conference committee did not address some of the concerns that the Coalition for Children with Disabilities, of which the Brain Injury Association of Minnesota is a member, had brought to the attention of the Education committee members. Those issues not addressed were:

- Reducing fees assessed to parents who have children with disabilities receiving support services (TEFRA, MA, etc.);
- Restoring the 4.6% special education growth factor meant to reduce the general education cross-subsidy;*
- Making schools safer by placing limits on the use of

locked time out rooms and law enforcement.

More than ever, it is vital that people become informed, participating citizens. The next session has great potential to create positive change for people living with brain injury in Minnesota. With newly elected officials, our community can shape the agenda of the next legislative biennium and restore some of the vital services and supports that were cut in order to balance the state's budget deficit from last session and even build new methods and tools to help the state meet the needs of people living with disabilities due to brain injury in Minnesota.

* "Cross subsidy" is when general education funds are used to pay for special education.

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Creating Positive Change through volunteerism

by **Kimberly Ferencik**

People volunteer for different reasons at different times in their lives. Sometimes it's to gain skills and experience, sometimes to meet people or network, sometimes it's to improve the community or to help out a friend. No matter the specific motivation, volunteering always involves change, either in yourself, others around you, or your community - sometimes all

volunteering but not sure how to begin, start by answering a few questions:

- What do you care about? - Contact organizations with missions that matter to you and ask them about volunteer opportunities.
- What do you like to do? What brings you pleasure? While not every volunteer job is going to be glamorous and entertaining, you

If a brain injury has brought unwanted change into your life, consider volunteering as a means of creating some positive change in your life, while helping others.

three. If a brain injury has brought unwanted change into your life, consider volunteering as a means of creating some positive change in your life, while helping others.

The Brain Injury Association of Minnesota recently launched a volunteer program, one of several changes taking place at the Association this spring. The volunteer program gives persons with brain injury, their family, and friends more opportunities to support the work we do. It can also provide people the opportunity to strengthen job skills and gain employment experience before returning to work after an injury. Finally, our volunteer program can provide educational and career-growth opportunities for students; educating the next generation of leaders, service providers and advocates.

The Association offers regular, occasional and one-time volunteer opportunities. Volunteers work in **advocacy** by educating legislators, becoming a citizen advocate or hosting legislative home visits. Volunteers work in **education** by representing us at resource fairs and updating our reference library. Volunteers work in **fundraising** by completing large mailings, registering participants at events, reaching out to potential donors and more. Volunteers also aid the Association in **administration** by answering phones, filing, maintaining our database, and many other ways. Our volunteer program, like everything we do, is driven by our mission to create a better future through brain injury prevention, research, education and advocacy.

The Association's volunteer program is growing, and we are exploring ways volunteers can support our mission, but there are many other places to volunteer if we don't fit your needs right now. If you're thinking about

should like something about your volunteer job. If it doesn't make you feel good, find something that does.

- Why do you want to volunteer? Do you want to gain experience, meet new people, use old skills, feel needed, help others or for any other reasons? There are no right reasons to volunteer, but consider your personal motivations when choosing a position. Don't worry about feeling pressured to accept something you don't want. Organizations will appreciate your honesty.
- To which organizations or causes are you willing to give money? Organizations that are worthy of your financial contributions might also be deserving of your time.
- Who do you know who volunteers? Ask them where, why and how they volunteer. Maybe you can even volunteer together!

There are thousands of ways to volunteer in Minnesota, including one-time events, weekly commitments, and day, evening and weekend opportunities. You can volunteer from home, at an office, in a park, with friends - the choices are almost endless. Most organizations will ask you to fill out an application and may want to conduct an interview or background check. Some places will have a formal orientation, while others will provide on-the-job training. Be realistic about your time commitment and skills. It is better to start small and take on more after you are comfortable. But even two hours a month can make a difference in someone's life - especially your own.

If you're interested in volunteering with the Brain Injury Association of Minnesota, call us at 612-378-2442 or 1-800-669-6442 or e-mail kimberlyf@braininjurymn.org



photo by Sharon Rolenc

The audience boogies down during the closing keynote

CONFERENCE from page 5

human life and our responsibility to live our lives with that in mind. Mezacapa shared his experience as a cancer survivor and as a rector, helping families through difficult challenges in life. "Everybody has a story. We are human, complex individuals."

He encouraged the audience to find ways in their busy lives to de-stress on a daily basis. "The burnout effect is not going to be solved by a six day trip up north," Mezacapa said. "Bottom line: Take care of yourself. Live like you know that life is not forever." Mezacapa used humor throughout his talk to illustrate the importance of laughter for good health.

"When you lose laughter, you lose the song that everyone can sing." He also said that when things are going well, it's our responsibility to help others.

"When you are at your best, reach out and help someone."

Towards the end of his talk, he turned music on and invited the audience to dance, closing with this bit of advice, "It's not about the dance, but about getting on the dance floor in life."

Mezacapa has served as the rector of Calvary Episcopal Church, across the street from The Mayo Clinic for the past 16 years.

Special thanks to our conference partners, the Minnesota Department of Health, Injury and Violence Prevention Unit, and the Minnesota Department of Education. Thanks also to the speakers, sponsors, staff and volunteers who helped make the conference a success. Next year's annual statewide conference on brain injury is scheduled for May 20 and 21, 2005 in St. Cloud, and will feature Dr. Al Condeluci as the keynote speaker.

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- 2 mobile phones and phone service (we are out in the field a lot)
- IBM compatible computers - call for minimum specifications
- Scanners
- Laser printers
- Picnic Table or Outdoor Furniture
- Digital Camera (3 megapixels or better)

If you would like to donate these or other items, please contact Mark or Kimberly at 612-387-2742. Thanks!

SIN HOGAR de la página 1

pensamos”, dijo Tom Gode, Director Ejecutivo de la Asociación de Lesión Cerebral de Minnesota.

“El índice examinado de Lesión Cerebral Traumática en esta investigación era auto reportado y esperamos que el índice de Lesión Cerebral Traumática en esta población esta reportado menos que lo general. Lesión cerebral ocurre en la población general en casi en mismo porcentaje como la enfermedad mental y no hay razón de creer que no se podría comparar a los 47 % que identificaron tener enfermedad mental seria en el informe”, dijo Gode.

El añadió que muchas de las personas identificadas como tener una lesión cerebral en esta encuesta también podrían tener síntomas de la enfermedad mental o el abuso de drogas.

Otra persona que inspiró la inclusión de las estadísticas de lesión cerebral del Centro de Investigación de Wilder era Dr. Kenneth McMillan. Dr. McMillan trabaja con La Corporación de Desarrollo Comunitario de las Americanas Nativas en el

Sur de Minneapolis. Sus observaciones son similares con la investigación de Wilder. “ Yo calcularía que aproximadamente 50 de las 150 personas a quienes seguimos durante los 12 meses pasado han tenido lesiones cerebrales, algunas más que una vez. Los otros que hemos visto tenían lesiones cerebrales viejas de muchos años atrás”, dijo Dr. McMillan.

La Asociación de Lesión Cerebral de Minnesota está trabajando en extender la mano a esta población menos servida.

Para encontrar mas sobre la investigación del Centro de Investigación de Wilder, “Sin hogar en 2003 de Minnesota”, visite su sitio web: www.wilder.org/research/



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HOMELESS from page 1

2. Did you go to the ER or spend time in the hospital as a result?
3. After your head injury, did you start having problems with headaches, concentration or memory, understanding, excessive worry, sleeping or getting along with people?

If the response was yes to both question one and three, then the person was identified as having a possible brain injury. Of the 3,000 homeless persons interviewed, 29 percent reported that they may have sustained a traumatic brain injury (TBI).

“This problem is more widespread than we originally thought,” said Tom Gode, Executive Director of the Brain Injury Association of Minnesota.

“The TBI incidence examined in this study were self reported and we expect the TBI rate in this population overall is under reported. Brain Injury occurs in the general population at about the same rate as mental illness and there is no reason to believe it

“The TBI incidence examined in this study were self reported and we expect the TBI rate in this population overall is under reported. Brain Injury occurs in the general population at about the same rate as mental illness and there is no reason to believe it wouldn't compare to the 47% who were identified as having serious mental illness in the report,”

- Tom Gode, Executive Director, Brain Injury Association of Minnesota.

wouldn't compare to the 47% who were identified as having serious mental illness in the report,” said Gode.

He added that many of the people identified as having a brain injury in this survey may also have symptoms of mental illness or substance abuse.

Another person who inspired the Wilder Research Center's inclusion of brain injury statistics was Dr. Kenneth McMillan. Dr. McMillan works with the American Indian Community Development Corporation in South Minneapolis. His observations are similar to those of

the Wilder study. “I would estimate that about 50 of the 150 individuals we followed over the last 12 months have had head injuries, some multiple times. Others we see have old injuries from years ago,” Dr. McMillan said.

The Brain Injury Association of Minnesota is currently working on ways to reach out to this underserved population.

To find out more about the Wilder Research Center's study, “Homeless in Minnesota 2003,” visit their website at www.wilder.org/research/

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